PLACE OF BIRTH		
County of		TATE BOARD OF HEALTH
	TONEAU OF THE	
District of	o oratiff Official	ICATE OF BIRTH Co. Register No. 94
Town of	1111	Local Registrar's No.34
City of	(No. Thelen	and on Caste of
FULL NAME OF CHILD	1: + Harris	Warr
If child is not named, make Suppler	cental Report on blank sketter	NOL Wasser Born YE
Sex of An Twin		
Child Triplet or other	and Number in order of birth	Date of Birth 191
Full FATHER /	Full	(Month) (Day) (Yr.)
Toward I W	Maide Name	
Residence	Reside	lence
Color On Age a	t last D 8 Color	Are at last
or Race Birt	hday (Years) or Rac	ice Birthday
Birthplice	Birthr	place
Decupation Decupation	Occup	Missour.
Jarana	J. J.	Torres and Co
5-1		was wefe.
	children, of this mother, now living	Were precautions taken against Ophthalmia neonatorum?
CERTIFICAT	E OF ATTENDING PHY:	SICIAN OR MIDWIFE*
hereby certify that I attended the bi	th of above child; and that it o	occurred ACU, d 1915 at 90
*When there is no attending phycian or midwife, then the household should make this return.	vsi-) ler (
		(Attending physician, midwife, householder.*
Given or christian name added fro		Address
supplemental report19	1	1/ 16 NOV
•	Filed /2001/3915	
	Filed MAN 9 Q and 4	A True Copy
COUNTY REGISTRAR.		COUNTY REGISTRAR